FE7AN014

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FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2015 JUL -6 AM 10: 23

					Office Use	e Only
1. NAME C	OF ITEE (in full)	TYPE OR PRINT ▼	Example: If typ over the lines.	ing, type 12	FE4M5	]
1.8-124						
ADDRESS (number and street) Pobax 404						
▼						
Check if different than previously reported. (ACC)  St. MARY St. C. L. T.Y. M.D. Z.O. 682-						
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲						
Co	0,5,2,3,0	A / I		NEW (N) OR	AMENDED (A)	
4. TYPE (Choose	OF REPORT One)	Report	b 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Qua	arterly Reports:	Due On: Ma	ar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
p===		☐ Ap	r 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Ш	April 15 Quarterly Report (	(Q1) (c) 12-Day	Primary (12	P)	General (12G)	Runoff (12R)
	July 15 Quarterly Report (	(Q2) PRE-Election Report for the:	Convention	5-44 5-44	Special (12S)	
	October 15 Quarterly Report (		<b>L</b>			
	January 31 Year-End Report (	(YE) Elect	ion on			in the State of
X	July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30	G) 🔲	Runoff (30R)	Special (30S)
	Termination Repor (TER)	nt   '	ion on	0.00		in the State of
5. Covering Period OI OI ZOIS through						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer SUSAN E. GROGAN						
Signature of Treasurer Ausau E. Surgau Date 07 01 2015						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109						
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	nlv	} }	j	)	ļ R	ev. 12/2004